

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Kidney Care Partners Political Action Committee

ADDRESS (number and street)

5746 Union Mill Road

P.O. Box 160

☐ Check if different than previously reported. (ACC)

Clifton

VA

20124

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00431924

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2014

through

M M M / D D D / Y Y Y Y Y Y
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Renee Murdock

Signature of Treasurer

Susan Renee Murdock

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 14 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kidney Care Partners Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y Y 03 / 31 / 2014

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y 2014 | | 18867.76 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 18867.76 | |
| (c) Total Receipts (from Line 19) | 12100.00 | 12100.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 30967.76 | 30967.76 |
| 7. Total Disbursements (from Line 31) | 4040.68 | 4040.68 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 26927.08 | 26927.08 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Kidney Care Partners Political Action Committee

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 1 | | 2 | 0 | 1 | 4 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 4 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 7100.00 | 7100.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 7100.00 | 7100.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 5000.00 | 5000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 12100.00 | 12100.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 12100.00 | 12100.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 12100.00 | 12100.00 |

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 540.68 | 540.68 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 540.68 | 540.68 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 3500.00 | 3500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 4040.68 | 4040.68 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 4040.68 | 4040.68 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 12100.00 | 12100.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 12100.00 | 12100.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 540.68 | 540.68 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 540.68 | 540.68 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Kidney Care Partners Political Action Committee

Full Name (Last, First, Middle Initial)

A. LaVarne Burton

Mailing Address 4296 Buckskin Lake Drive

City State Zip Code
 Ellicott City MD 21042

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Kidney Fund

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 18 / 2014

Transaction ID : SA11AI.4702

Amount of Each Receipt this Period

1000.00

political contribution

Full Name (Last, First, Middle Initial)

B. Joyce Jackson

Mailing Address 6585 N.E. Windermere Road

City State Zip Code
 Seattle WA 98105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Kidney Centers

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 21 / 2014

Transaction ID : SA11AI.4699

Amount of Each Receipt this Period

250.00

political contribution

Full Name (Last, First, Middle Initial)

C. Hrant Jamgochian

Mailing Address 6010 Ryland Drive

City State Zip Code
 Bethesda MD 20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dialysis Patient Citizens

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 26 / 2014

Transaction ID : SA11AI.4701

Amount of Each Receipt this Period

1000.00

political contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kidney Care Partners Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ed R Jones

Mailing Address One Penn Blvd
Suite 112

City State Zip Code
Philadelphia PA 19144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed Practice

Occupation

Nephrologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2014

Transaction ID : SA11AI.4704

Amount of Each Receipt this Period

1000.00

political contribution

Full Name (Last, First, Middle Initial)

B. Kathleen Lester

Mailing Address 601 13th Street NW
11th Floor

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lester Helalth Law PLLC

Occupation

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 09 / 2014

Transaction ID : SA11AI.4707

Amount of Each Receipt this Period

250.00

political contribution

Full Name (Last, First, Middle Initial)

C. Kelli Lester

Mailing Address 3623 Stanford Circle

City State Zip Code
Falls Church VA 22041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2014

Transaction ID : SA11AI.4729

Amount of Each Receipt this Period

250.00

political contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kidney Care Partners Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Richard Marritt

Mailing Address One Baxter Parkway

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
03 / 08 / 2014

Transaction ID : SA11AI.4696

Amount of Each Receipt this Period

500.00

political contribution

Full Name (Last, First, Middle Initial)

B. Dr. Robyn Y. Nishimi

Mailing Address 1220 L Street

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2014

Transaction ID : SA11AI.4705

Amount of Each Receipt this Period

550.00

political contribution

Full Name (Last, First, Middle Initial)

C. Katrina Russell

Mailing Address 1708 Lake Washington Blvd

City

Seattle

State

WA

Zip Code

98122

FEC ID number of contributing
federal political committee.

C

Name of Employer

DCG

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : SA11AI.4700

Amount of Each Receipt this Period

1000.00

political contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 12
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kidney Care Partners Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gail Wick

Mailing Address 5420 New Wellington Close

City State Zip Code
 Atlanta GA 30327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 18 2014

Transaction ID : SA11AI.4703

Amount of Each Receipt this Period

1000.00

political contribution

Full Name (Last, First, Middle Initial)

B. LeAnne Zumwalt

Mailing Address 310 Ascot Road

City State Zip Code
 Hillsborough CA 94010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

DaVita

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 19 2014

Transaction ID : SA11AI.4706

Amount of Each Receipt this Period

300.00

political contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

7100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 12
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kidney Care Partners Political Action Committee

Full Name (Last, First, Middle Initial)

A. RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

Mailing Address 1700 ROCKVILLE PIKE SUITE 220

City State Zip Code
ROCKVILLE MD 20852

FEC ID number of contributing
federal political committee.

C C00409391

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 04 2014

Transaction ID : SA11C.4711

Amount of Each Receipt this Period

5000.00

political contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

Kidney Care Partners Political Action Committee

A. Bank of America Merchant Services

Date of Disbursement

Transaction ID : SB21B.4723

00:

Amount of Each Disbursement this Period

Category/
Type

69.00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. Bank of America Merchant Services

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.4726

00

Amount of Each Disbursement this Period

Category/
Type

318.60

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

C.

Date of Disbursement

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

Page 10 of 10

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

| Age Group | Number of people |
|-----------|------------------|
| 13-17 | ~100 |
| 18-24 | 387.60 |
| 25-34 | ~150 |
| 35-44 | ~120 |
| 45-54 | ~100 |
| 55-64 | ~80 |
| 65-74 | ~60 |
| 75-84 | ~40 |
| 85+ | ~20 |

387.60

| | | | | | | | | | | | |
|--|-----|--|-----|---|-----|--|-----|--|----|--|-----|
| | 21b | | 22 | X | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

Kidney Care Partners Political Action Committee

A. COMMON GOOD FUND

Transaction ID : SB23.4713

011

2500.00

Category/
Type☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. MARINO FOR CONGRESS

MM / DD / YYYY

Transaction ID : SB23.4734

Amount of Each Disbursement this Period

011

1000.00

Category/
Type

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 10

C.

Amount of Each Disbursement this Period

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

3500.00

3500.00